

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/700084**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3	1		1				53						
4		3		3			54						
5		3		3			55						
6		3		3			56						
7		3		3			57						
8		3		3			58						
9		3		3			59						
10		3		3			60						
11		3		3			61						
12		3		3			62						
13		3		3			63						
14		①		1			64						
15		3		3			65						
16		3		3			66						
17		3		3			67						
18		3		3			68						
19		3		3			69						
20		1		1			70						
21		①		3			71						
22		1		3			72						
23		1		3			73						
24		①		3			74						
25		①		3			75						
26							76						
27							77						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
AL		↓	3	↓		↓	TOTAL IND.		↓		↓		↓
AL		←	62	←		←	TOTAL DEP.		←		←		←
AL							TOTAL CLAIMS						
MS			65										

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831